

County: Taylor

Facility ID: 3820

Page 1

RIB LAKE HEALTH CARE CENTER  
650 PEARL STREET, P.O. BOX 308RIB LAKE 54470 Phone: (715) 427-5291  
Operated from 1/1 To 12/31 Days of Operation: 365  
Operate in Conjunction with Hospital? No  
Number of Beds Set Up and Staffed (12/31/03): 75  
Total Licensed Bed Capacity (12/31/03): 75  
Number of Residents on 12/31/03: 69Ownership:  
Highest Level License: Skilled  
Operate in Conjunction with CBRF? No  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Average Daily Census: 62

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/03)				Length of Stay (12/31/03)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		10.1
Supp. Home Care-Personal Care	No					1 - 4 Years		39.1
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	7.2	More Than 4 Years		27.5
Day Services	No	Mental Illness (Org./Psy)	23.2	65 - 74	21.7			----
Respite Care	Yes	Mental Illness (Other)	5.8	75 - 84	34.8			76.8
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	33.3	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.4	95 & Over	2.9	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		----	Nursing Staff per 100 Residents		
Home Delivered Meals	Yes	Fractures	4.3		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	17.4	65 & Over	92.8	-----		
Transportation	No	Cerebrovascular	14.5		-----	RNs		13.8
Referral Service	No	Diabetes	14.5	Gender	%	LPNs		2.8
Other Services	Yes	Respiratory	5.8		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	13.0	Male	29.0	Aides, & Orderlies		
Mentally Ill	No		----	Female	71.0			31.4
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

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## Method of Reimbursement

Level of Care	Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total Resi- dents	% Of All
	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)		
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	13	100.0	348	42	93.3	106	1	100.0	114	9	100.0	150	0	0.0	0	1	100.0	333	66	95.7
Intermediate	---	---	---	3	6.7	90	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	4.3
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	13	100.0		45	100.0		1	100.0		9	100.0		0	0.0		1	100.0		69	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total Number of
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/No Home Health	18.8	Bathing	10.1	71.0	18.8	69
Private Home/With Home Health	5.0	Dressing	33.3	50.7	15.9	69
Other Nursing Homes	1.3	Transferring	37.7	52.2	10.1	69
Acute Care Hospitals	73.8	Toilet Use	31.9	55.1	13.0	69
Psych. Hosp.-MR/DD Facilities	0.0	Eating	71.0	17.4	11.6	69
Rehabilitation Hospitals	0.0	*****				
Other Locations	1.3					
Total Number of Admissions	80	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	4.3	Receiving Respiratory Care	7.2	
Private Home/No Home Health	44.3	Occ/Freq. Incontinent of Bladder	46.4	Receiving Tracheostomy Care	0.0	
Private Home/With Home Health	10.0	Occ/Freq. Incontinent of Bowel	17.4	Receiving Suctioning	0.0	
Other Nursing Homes	1.4			Receiving Ostomy Care	1.4	
Acute Care Hospitals	15.7	Mobility		Receiving Tube Feeding	4.3	
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	0.0	Receiving Mechanically Altered Diets	21.7	
Rehabilitation Hospitals	0.0			Other Resident Characteristics		
Other Locations	0.0	Skin Care		Have Advance Directives	78.3	
Deaths	28.6	With Pressure Sores	2.9	Medications		
Total Number of Discharges		With Rashes	8.7	Receiving Psychoactive Drugs	56.5	
(Including Deaths)	70					

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Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

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	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	71.8	80.8	0.89	83.7	0.86	84.0	0.86	87.4	0.82
Current Residents from In-County	68.1	73.7	0.92	72.8	0.94	76.2	0.89	76.7	0.89
Admissions from In-County, Still Residing	23.8	19.8	1.20	22.7	1.05	22.2	1.07	19.6	1.21
Admissions/Average Daily Census	129.0	137.9	0.94	113.6	1.14	122.3	1.05	141.3	0.91
Discharges/Average Daily Census	112.9	138.0	0.82	115.9	0.97	124.3	0.91	142.5	0.79
Discharges To Private Residence/Average Daily Census	61.3	62.1	0.99	48.0	1.28	53.4	1.15	61.6	0.99
Residents Receiving Skilled Care	95.7	94.4	1.01	94.7	1.01	94.8	1.01	88.1	1.09
Residents Aged 65 and Older	92.8	94.8	0.98	93.1	1.00	93.5	0.99	87.8	1.06
Title 19 (Medicaid) Funded Residents	65.2	72.0	0.91	67.2	0.97	69.5	0.94	65.9	0.99
Private Pay Funded Residents	13.0	17.7	0.74	21.5	0.61	19.4	0.67	21.0	0.62
Developmentally Disabled Residents	0.0	0.8	0.00	0.7	0.00	0.6	0.00	6.5	0.00
Mentally Ill Residents	29.0	31.0	0.93	39.1	0.74	36.5	0.79	33.6	0.86
General Medical Service Residents	13.0	20.9	0.63	17.2	0.76	18.8	0.69	20.6	0.63
Impaired ADL (Mean)	38.8	45.3	0.86	46.1	0.84	46.9	0.83	49.4	0.79
Psychological Problems	56.5	56.0	1.01	58.7	0.96	58.4	0.97	57.4	0.99
Nursing Care Required (Mean)	5.8	7.2	0.80	6.7	0.86	7.2	0.81	7.3	0.79